

# MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

January 18, 2018 - 9:30 am to 2:15 pm  
Polk County River Place, Room 2  
2309 Euclid Ave, Des Moines, Iowa  
MEETING MINUTES

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## MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska (phone)  
Pete Brantner  
Thomas Broeker  
Dennis Bush  
Jody Eaton (phone)  
Marsha Edgington  
Kathryn Johnson

Betty King  
Sharon Lambert  
Geoffrey Lauer  
Brett McLain (phone)  
John Parmeter  
Rebecca Peterson  
Rebecca Schmitz

## MHDS COMMISSION MEMBERS ABSENT:

Marilyn Seemann  
Jennifer Sheehan  
Senator Mark Costello

Representative David Heaton  
Representative Scott Ourth  
Senator Liz Mathis

## OTHER ATTENDEES:

Theresa Armstrong  
Kris Bell  
Jess Benson  
Tom Brown  
Teresa Bomhoff  
Braden Daniels  
Connie Fanselow  
Zeke Furlong  
Christie Gerken  
John Hedgecoth  
Charlene Joens  
Linda Kellen  
Laura Larkin  
Julie Maas  
Kris Richey  
Ellen Ritter  
Flora Schmidt  
Cynthia Stiedl Bishop  
Kelsey Thien  
Sonni Vierling

MHDS, Bureau Chief Community Services & Planning  
Iowa Senate Democrats Caucus Staff  
Legislative Services Agency  
Advisory Council on Brain Injuries  
Mental Health Planning and Advisory Council/NAMI Greater DSM  
P.I.T. Academy  
MHDS, Community Services & Planning  
Legislative Services Agency  
IAMHR  
Amerigroup  
Disability Rights Iowa  
Department of Inspections and Appeals  
MHDS, Community Services & Planning  
MHDS, Community Services & Planning  
Crossroads IHH  
Heart of Iowa MHDS Region  
IBHA  
Eyerly Ball Community Mental Health Center  
Legislative Services Agency  
Orchard Place

## Welcome and Call to Order

John Parmeter called the meeting to order at 9:36 am and led introductions. Quorum was established with eleven members present and three participating by phone. No conflicts of interest were identified.

## Approval of Minutes

Tom Broeker made a motion to approve the December 7, 2017 meeting minutes as presented. Dennis Bush seconded the motion. The motion passed unanimously.

### **Administrative Rules regarding Autism Support Program**

Connie Fanselow from DHS-MHDS presented changes to the Autism Support Program administrative rules. Connie said this is a request for proposed rule changes to be published for notice for the first time. These changes were necessary because of an enactment during the last legislative session that changed the insurance law to mandate coverage in certain policies for applied behavior analysis which is the same service as the Autism Support Program. There are two changes made to conform to Iowa Code. The first change was a change to the definition of eligible individual, and the second change was to the sub-rule that determines the eligibility process.

Becky Schmitz asked if there is a waiting list for the program or delays in receiving services through the program. Connie said there is not a waiting list but individuals would have to reapply if it's been more than 6 months since they ended services through the program and waiting for authorizations can delay the start of services.

Kathy Johnson asked how many people are receiving services through the Autism Support Program. Connie said there are currently 27 individuals eligible for the program and there is usually somewhere between 12 to 20 individuals actively receiving services. Kathy asked how many could switch to private insurance. Connie said they have tried to figure that out but haven't been able to get a good grasp on that number. Connie said that two individuals are moving to private insurance in January.

Kathy Johnson made a motion to approve notice of the rule changes. Becky Schmitz seconded the motion. The motion passed unanimously.

### **Jail reform subcommittee**

The Commission discussed the possibility of forming a subcommittee to look into the use of restraint and isolation in Iowa's county jails and potentially making a recommendation to legislature on the topic. There was discussion on the negative impacts of restraints and isolation for individuals with mental illness, brain injuries, and other disabilities. There was discussion on if the Commission would have access to information regarding the current use of restraints and isolation and any systemic reviews that have taken place on the topic. There was discussion on the report completed by Disability Rights Iowa and asking the Department of Corrections about their reaction to the report's recommendations.

The Commission discussed the responsibilities of the Commission and if recommendations for policies and procedures in county jails are within their charge. The Commission discussed asking the Attorney General's office for their opinion on if this topic fits within the scope of the Commission's duties.

Tom Bouska made a motion to ask for an Attorney General's opinion on the Commission's responsibilities for this topic. Marsha Edgington seconded the motion. The motion passed unanimously.

### **Integrated Health Home Letter**

Tom Broeker presented a letter from the Southeast Iowa Link Mental Health and Disability Region regarding concerns over United HealthCare's proposed changes for Integrated Health Home services. Pete Brantner presented a letter on the topic from the Iowa Behavioral Health Association.

There was discussion on United internalizing IHH services for the low intensity IHH members and leaving out critical components of the IHH service such as ensuring basic needs are being met and having strong relationships with the members of the IHH and community resources. There was discussion on United's plan to have accountable care organizations (ACOs) be responsible for the care coordination of individuals with serious mental illness and if primary care physicians are prepared or able to provide the level of coordination needed for that population. Theresa Armstrong said the primary care physicians would give the care coordination responsibility to the ACO and if there isn't an ACO in that area United would provide the care coordination in house.

There was discussion on how the Commission should respond to this issue since the time frame for the changes is very short and will impact many lowans. The Commission discussed adding an amendment to their annual report in support of keeping IHH as a service outside of the MCOs. Due to emergency nature of the IHH situation, the Commission determined action would be needed today. The Commission discussed having a committee meet over lunch and bring an amendment to the full Commission for a vote in the afternoon.

Geoff Lauer made a motion to amend the meeting agenda to add "IHH amendment to the MHDS Commission Annual Report" as a Commission action item after the lunch break. Peter Brantner seconded the motion. The motion passed unanimously.

### **Complex Service Needs Workgroup Report**

Rick Shults thanked the Commission for having him present on the recommendations that came out of the Complex Service Needs Workgroup. Rick said that the recommendations were similar to recommendations in the 2014 Community Integration Workgroup for Adults with SMI report and in the 2016 MHDS Redesign Progress report.

Rick said that Senate File 504 had four requirements for the MHDS Regions and the Department of Human Services. Rick said the regions were required to form regional workgroups to look at existing services and service gaps and submit community service plans to the Department. The regions were also directed to spend down their fund balances to begin developing those services. Rick said the Department was required to develop outcome measures for the community service plans and to form a statewide workgroup. Rick said the workgroup came up with a straightforward, actionable plan on what is needed to fill service gaps for individuals with the most serious, complex service needs. Rick said the plan is a step on a journey and doesn't solve every problem. Rick said the plan is slanted towards adults and other groups are advocating for the inclusion of children which is also a need in the state.

Rick said the recommendations are laid out in the front of the report and the workgroup wanted it to be clear that the recommendations should be adopted as a package since no one recommendation is the answer. The workgroup organized the recommendations in alphabetical order to avoid the appearance of priority among the recommendations. Rick said the five main recommendations that came from the group are developing six access centers strategically located throughout the state, expanding Assertive Community Treatment teams to a total of 22 teams (11 new teams), a full array of crisis and subacute services including one statewide crisis number, developing 120 intensive residential service home beds strategically located throughout the state, and

designating tertiary psychiatric care hospitals two of which would be the mental health institutes. In addition to the main recommendations, the workgroup recommended the regions include access centers, assertive community treatment, comprehensive crisis and sub-acute services, and intensive residential service homes as required core services; the Department establish provider qualifications and access standards; the elimination of the Iowa code that limits the number of sub-acute beds; and the importance of the regions and the managed care organizations intentionally collaborating on the implementation of the recommendations.

Rick said there are some legislators who are interested in running a bill on the recommendations and there are continued discussions on what is missing from the system.

Geoff Lauer said that one thing that is missing is to encourage screening for brain injury and asked where that can be added. Rick said that assuming there is a bill and it passes to bring that back up if there are any rules written.

Pete Brantner asked what an intensive residential service home looks like. Rick said that it is a 24/7 residential setting that is adequately staffed with staff who have a high degree of training and adequate pay and time off, access to additional staff, and coordinated residential and clinical treatment. Rick said the individuals would also have access to ACT services when appropriate and the provider would accept individuals on a no eject no reject basis. Pete asked what the staffing would look like to contain individuals in a community setting. Marsha Edgington said that it would be similar to the staffing ratio in waiver homes for individuals with an intellectual disability. Marsha said 2 individuals to one staff is adequate most of the time with the ability to bring in additional staff and house location is important. Marsha said it is important the provider is able to maintain positive neighborhood relations even with police involvement. Kathy Johnson said that not every setting is for every person and there are some individuals who need one on one staff and do best without any roommates. Rick said the recommendation from the workgroup went from number of facilities to number of people served to have the flexibility in types of settings.

John Parmeter asked where the funding for the recommendations will come from since some regions do not have a fund balance. Rick said the funding will have to come from the regions and from Medicaid. Rick said that a sustainability plan for each region is important and the cost will have to be calculated over time.

### **DHS/MHDS Report**

Theresa Armstrong said the MHDS regional annual reports should be available on line soon and data will start coming in shortly. Theresa gave an update on changes within the regions. Theresa said there were a few counties in the CSS region that were looking at other options but have decided to put that off and look to see how they can run that region differently to meet their needs. Theresa said that Woodbury is still pursuing action to leave Sioux Rivers but have not been accepted into another region although they do have a request in to Rolling Hills. Greene County has taken action to leave

Heart of Iowa and has requested to join CICS. CICS took the request under review and will be voting on it at their next meeting.

Theresa gave an update on proposed legislation

SF2055 was introduced regarding IHH which directs the Department to write rules to keep IHH structured as they are and outside of the managed care organizations.

HF2032 was introduced that requires sub-acute facilities to report the number of beds available in the bed tracking system. Theresa said Hillcrest in Dubuque is the only sub-acute facility but there is an application pending from the Waterloo area.

SF2013 and SF2032 propose to take long term services and supports out of the managed care organizations and back to fee for service.

John Parmeter said that CMS has indicated they would approve a work requirement for Medicaid eligibility. John asked if Iowa is going to pursue a work requirement. Rick Shults said Iowa is studying it to see what the impact would be and it would most likely be a small number of people affected.

Sharon Lambert asked if there has been any movement on HF2017 to eliminate the Department of Public Health. Theresa said there hasn't been any action on that bill.

### **Public Comment**

Sonni Vierling said that even though system of care funding is in the DHS budget it is unclear if it is in the Governor's budget and encouraged the Commission to support system of care programs. Sonni expressed support for keeping IHHs outside managed care organizations and said that IHH staff have relationships with their community including schools, DHS, nutritionists, and support groups. Sonni said the IHH programs are the only programs held responsible for value based purchasing which makes it difficult to meet their benchmarks when other groups are being held to the same standards. Sonni expressed concern about the lack of feedback IHH programs receive from United HealthCare and they haven't heard specifically what their concerns are with IHH programs. Sonni expressed concern about United HealthCare taking away individual and family choice for programs.

Cynthia Stydl Bishop also expressed support for keeping the IHH program outside the MCOs and said that the IHH's are an important service in the system. IHH's have relationships with the individuals and community that can't be replicated in a managed care organization.

John Hedgecoth introduced himself as being from Amerigroup and wanted to let the Commission know that they have signed a long term contract with Unity Point and intend to continue operating as is with IHHs. John said Amerigroup has a long term commitment to Iowa and has been moving towards building capacity. John said they have been working with the regional CEOs on a joint training workgroup. John said the SF504 MOUs are with the MCO's lawyers and hope to be signed by the next meeting.

John said that clear state policy on how to handle ACT and IHH would be preferred by Amerigroup.

Kris Richey said that IHHs have worked hard to develop relationships in their communities and the ID population are already dealing with losing their case managers and this would be another loss to the system.

Teresa Bomhoff reviewed the Mental Health Planning Council legislative priorities which include moving MHDS to the Iowa Department of Public Health, increasing workforce, building a children's system and preserving existing children's services, improve funding for mental health, make changes to Iowa Code 229 and 125, include the recommendations from the complex service needs workgroup in legislation, and establish a statewide referral system. Teresa encouraged the Commission to review the priorities.

The Commission broke for lunch at 12:15pm and reconvened at 1:30pm

### **Amendment to Annual Report**

Geoff Lauer read the proposed amendment to the MHDS Annual Report regarding the preservation of Integrated Health Homes. Geoff Lauer made a motion to approve the amendment. Tom Broker seconded the amendment. Tom Bouska, Jody Eaton, Brett McLain, and Rebecca Peterson were absent from the vote. The motion passed unanimously with Kathy Johnson and Peter Brantner abstaining.

### **MHDS Reports**

#### Children's Mental Health – Laura Larkin

Laura Larkin introduced herself and said the Department is required by the legislature to submit an implementation status report for mental health services for children and families. Laura said that three Children's Well-being Collaboratives were awarded contracts from October 2017 – June 30, 2018 as a recommendation from the Children's Mental Health and Well-being Workgroup. Each collaborative was awarded \$100,000 as appropriated in HF653. Laura spoke on the state-funded Systems of Care (SoC) programs. Each SoC program is funded each year through appropriations. There are four SoC programs, Orchard Place in Des Moines, Tanager Place in Cedar Rapids, Four Oaks in Cedar Rapids, and The University of Iowa Community Circle of Care. These programs all receive general funds and serve children with a Serious Emotional Disturbance (SED), and were established before Integrated Health Home (IHH). The SoC programs serve a similar population, but for children who are not Medicaid eligible and also cover "Wrap Around" services which are other non-clinical items or services that help the child be successful in their home and with their family.

Laura spoke about the outcomes measured by the SoC programs whether the children are staying with their families and improvement in their school functions.

John Parmeter asked if the Governor has included funding for the SoC programs in her budget. Theresa Armstrong said that DHS hasn't seen the Governor's line item budget yet and DHS had to put together cost containment measures. Theresa said one of the

programs in DHS's cost containments is SoC due to the fact that it isn't available across the state not because it isn't a good program.

Sharon Lambert asked what other items were in the cost containment. Theresa said the Autism Support Program was also included as well as how the mental health institutes receive funding. Theresa said the cost containment was submitted in August or September and those programs are still in the DHS budget.

There was discussion on the lack of children's services in Iowa and how cutting existing children's services could be detrimental to Iowans. There was discussion on the importance of the system of care programs and the gap they fill for children who don't qualify for Medicaid.

Sharon Lambert asked what the plan is for the SoC programs in 2018. Laura said the numbers should look similar as last year but it depends on the Governor's budget and legislative process.

#### Autism Support Program

Connie Fanselow spoke on the Autism Support Program which has been in operation since April 2014. Connie said Magellan originally held the contract for the program but it has been administered internally since January 2016. Connie said the program provides funding for children with autism up to age 14 and up to 500% FPL if they do not have coverage through Medicaid or private insurance. Connie said the program had 31 applications last year and 20 were approved. Seven were denied due to income, two because they didn't have a diagnosis, one had private insurance, and one was eligible for Medicaid. Connie said the program does not have a waiting list but have had children eligible and the choice was made not to go ahead with services or there wasn't a provider in their area. Connie said the program funded services for 43 children with the average number served each month ranging from 12 to 21. Connie said there are 12 providers in the network serving children from 18 locations. Connie said the purpose of the program is to fill gaps from what private insurance doesn't cover, children moving on and off Medicaid, and children on a waiver waiting list until a spot opens up.

#### **Planning for Future Meetings**

The Commission requested a presentation on the regional dashboards when they are ready, a representative from an accountable care organization to discuss how the transition is going to providing care coordination, consultation if there are any changes to the waivers, and if possible the department of corrections to discuss their response to the recommendations in the Disability Rights Iowa report.

#### **Public Comment**

Teresa Bomhoff encouraged the Commission to ask for the Attorney General's response in writing.

The meeting adjourned at 2:14pm

Minutes respectfully submitted by Julie Maas.